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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 10 #144 ✓

(This return should preferably be made
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. _____

Place of Birth Payson, County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

DATE OF BIRTH* October 14th 1923
(Month) (Day) (Year)

FULL* FATHER
NAME Henry Farrell

FULL* MOTHER
NAME Odis Collins

I HEREBY CERTIFY that the child described herein has
been named

Lena Hazel Farrell
(Give name in full) (Surname)

Mrs. Henry Farrell
(Parent's signature)

C. H. Kissen M.D.
(Signature of Physician or Midwife.)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

363-104-632 3-13-24